talin is best used subcutaneously. In ordinary cases a dose of 10 minims of the tincture every four, or 15 every eight, or 5 minims every waking hour is sufficient. This given, the patient being at rest, it generally takes about three days before the pulse is under control and the urine begins to increase. When decided effects are produced the drug should be steadily continued in doses calculated to maintain its effect. With ordinary watchfulness there is no risk; timely warning of excess is given by the pulse, which, having become slow, begins to exhibit small intermediate beats, and especially a tendency to go in couples. The sickness which comes with the drug is best relieved by an occasional mercurial or a change to digitalin, or a tumblerful of hot water taken occasionally. In some cases it may be necessary to omit the drug altogether.—*British Medical Journal*, 1898, No. 1944, p. 869.

**Experimental Thyroidism.**—DR. R. H. CUNNINGHAM presents the results of a careful review of the literature and painstaking laboratory work as follows: (1) Absolutely fresh thyroid gland is not poisonous, in the usual sense of the term, when absorbed through the alimentary canal. (2) The symptoms of induced thyroidism are manifestations of an intoxication resulting from the ingestion of decomposed thyroid material. (3) The so-called experimental thyroidism is not specific for the thyroid only, for the ingestion of many substances derived from animal tissues other than the thyroid gland may produce an intoxication strikingly similar in every respect to that of experimental thyroidism. (4) Most, if not all, animal tissues yield substances which, if injected in large quantities directly into the circulation or beneath the skin, will produce an intoxication often very similar to that produced by injections of various substances derived from the fresh thyroid tissue. (5) The effects resulting from the intravascular or subcutaneous injections of aqueous extracts, decoctions, and the concentrated extractives of the thyroid tissues, of the thymus, of muscle, etc., are by no means necessarily indicative of the function and the action of the hypothetical internal secretions of the same tissues during life. (6) The utilization of the fact that ingestion of decomposed thyroid material produces on certain occasions an intoxication with certain symptoms similar to some of those of Graves's disease is not justifiable for the furtherance of the theory that the symptoms of exophthalmic goitre result from an over-production of the thyroid secretion. (7) The results of this investigation lead to the conclusion that the fresh thyroid tissue yields at least probably two substances that are capable of palliating the symptoms of the acute cachexia in totally thyroidless dogs. (8) The thymus tissue also yields one and probably two substances that are equally capable as the thyroid extractives of palliating the acute cachexia of totally thyroidless dogs. (9) Neither of the above substances is an enzyme, nor does either contain iodine. (10) Neither the feeding of minced raw thyroid glands nor the injection of aqueous thyroid extracts, decoctions, and concentrated solutions of the extracted palliative thyroid principles is capable of keeping totally thyroidless dogs alive longer than a few weeks (possibly three weeks). Still less capable are the thyroid preparations containing decomposition products. (11) The presence of one, or usually several, small accessory thyroid bodies which gradually hypertrophy and wholly or partially assume the functions of the excised thyroid lobes, accounts for the occasionally long survival of thyroidectomized, thyroid-fed young dogs. (12) Totally thyroidless dogs are so quickly overwhelmed by the cachexia, and the intervals between the thyroidectomy and the onset of severe dyspnœic attacks and the subsequent death differ so slightly, no matter which of the usual varieties of fresh food are employed, that various kinds of fresh food cannot be unquestionably affirmed to influence the onset of the cachexia in any especially definite manner. Animal foods, in which constituents poisonous to rabbits have developed, probably slightly hasten the onset of the severer symptoms, and the vaunted remarkably modifying influence of a diet of ordinary milk does not exist in the case of the totally thyroidless dog. (13) Monkeys, whose general metabolism is disturbed in consequence of the removal of a greater portion of the thyroid gland, evidently become more susceptible to those constituents of meat that are poisonous to rabbits; and sufficient clinical knowledge exists for concluding that probably a like susceptibility to animal foods containing such constituents also exists in men when the function of the thyroid gland is sufficiently disturbed. (14) As regards the thyroid factor in the pathology of exophthalmic goitre, the majority of the symptoms in many patients with that disease can apparently, from an experimental standpoint, be as plausibly explained by the hypothesis of partially deficient thyroid activity as by the hypothesis of augmentation of thyroid function.—*Journal of Experimental Medicine*, 1898, No. 2, p. 147.

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**The Treatment of Lithæmia.**—DR. ALBERT C. BARNES believes that the two cardinal rules which sum up the whole subject are: (1) Eliminate the toxic agents which cause the symptoms, and (2) avoid nitrogenous food, from the metabolism of which the toxic agents result. Milk, vegetables, and cereals are the best food; the patient should eat sparingly and of simple food; over-indulgence should be particularly cautioned against, because this is the cause of many cases. To proscribe proteids entirely means to eliminate most of the ordinary articles of food, and is practically impossible. Some nitrogen in the food is required to replace waste. Meat, fish, poultry, eggs, tea, and coffee should occupy an inconspicuous place in the dietary, while carbohydrates, fats, and milk should make part of the list from which the patient may choose. Vegetables in general and fruits are well borne; so also are cereals and small quantities of cheese. Salads of all kinds, fries, sweet articles, and malt liquors are to be avoided. As for eliminants: the treatment is best begun with either a brisk mercurial purge or with small doses of calomel and sodium bicarbonate until free catharsis is produced. If constipation is a marked feature, this must be overcome by carefully adapted doses of cascara with glycerin. The best general eliminants are sodium phosphate and lithium bitartrate. The last is the best diuretic of the lithium salts, and seems to have a specific power upon the alloxuric bodies which are probably the cause of the manifestations. In most cases sodium phosphate has a desirable laxative effect, and its cholagogue action is particularly valuable. This may be given in drachm doses once daily, preferably in a glass of hot water before breakfast, and lithium bitartrate may be taken in five to ten grain doses three times daily in a glass of water. The latter should be given about four hours after a meal. The value of the salicylates in the treatment of lithæmia is decidedly negative. Their powers of elimi-